

# Chronic or Persistent Pain Referrals

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This page covers referrals for persistent or chronic pain management and pain education. See also:

- [Chronic Pain](#)
- [HIP – Health Independence Program](#)
- [Persistent Low Back Pain in Adults](#)
- [Persistent Pelvic Pain](#)

From 1st May 2021, referrals to public chronic pain clinics (as part of the Health Independence Program (HIP)) for select chronic pain conditions will be assessed against DHHS statewide referral criteria. Check the statewide referral criteria before lodging your referral. For more information, see [Statewide Referral Criteria for Specialist Clinics](#)

## BACKGROUND

### ABOUT CHRONIC OR PERSISTENT PAIN SERVICES

Pain management services provide a multidisciplinary approach for patients experiencing ongoing pain, with the aim of creating knowledge and skills to manage pain.

Health professionals from various disciplines, including medical specialists, nurses, occupational therapists, physiotherapists, clinical psychologists, and social workers, may work with patients in a whole-person approach to manage pain.

Pain Education Groups (PEGs) offer education on practical ways of coping with ongoing pain, based on the latest knowledge and research.

Programs:

- generally run for 2 to 3 hours.
- provide information and resources to maximise understanding of persistent pain and the ability to self-manage in the long term.
- highlight that the successful management for pain lies partially with the input of health professionals, but that the patient can and must be the driver for positive change in their experience of pain.

## PRIVATE

- **Refer to the service**, or provide a letter for the patient to make an appointment directly. Some fees may be **rebated**.

### Specialist directories

- [National Pain Services Directory](#)
- [National Health Services Directory](#) including for Private Hospitals

### Out-of-pocket costs

Costs may include a gap fee where the patient is managed under a GPMP and TCAs, and the fee charged is greater than the Medicare rebate.

### Private disclaimer

The inclusion of links to websites or health providers in HealthPathways is not a recommendation or endorsement of any health provider, health professional, or their services. Use of services featured in these websites is undertaken at the user's own risk.

All service provider details were correct at time of publishing. To amend your details, to be added to the referral page, or to advise of information you know to be incorrect, please use the send feedback button.

## PUBLIC

### Public Hospitals

For patients aged  $\geq 16$  years.

1. Check the **Statewide referral criteria** to chronic pain HIP services.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g., nerve blocks) should be referred to an acute pain clinic.

Patients referred to specialist clinics are assigned to a priority category based on their clinical need and related psychosocial factors. The examples given are indicative only. The clinician reviewing the referral will use their clinical judgement to determine the best service response for the patient.

## STATEWIDE REFERRAL CRITERIA

PAIN THAT REQUIRES COMPLEX MEDICATION MANAGEMENT	
Inclusion	<p>The person has been identified as having high-risk circumstances through SafeScript (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) with both:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• open to exploring living well with pain and learning to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> </ul>

	<p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If the patient is part of a vulnerable population</li> </ul>
<p>PERSISTENT OR CHRONIC NEUROPATHIC PAIN</p>	
<p>Inclusion</p>	<p>Neuropathic pain related to any of the following:</p> <ul style="list-style-type: none"> <li>• post-herpetic neuralgia</li> <li>• trigeminal neuralgia</li> <li>• peripheral nerve injury (e.g. brachial plexopathy)</li> <li>• peripheral neuropathies (e.g. diabetic neuropathy)</li> <li>• multiple sclerosis</li> <li>• spinal cord injury</li> <li>• post-stroke</li> <li>• complex regional pain syndrome</li> </ul> <p>with all of the following:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• adequate trial of treatment in previous 12 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
<p>Exclusion</p>	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> </ul>

	<ul style="list-style-type: none"> <li>Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>Pain history – onset, location, nature of pain, and duration</li> <li>Psychological status and cognitive function</li> <li>If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>Comprehensive past medical history</li> <li>History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>Details of functional impairment</li> <li>Psychiatric history</li> <li>Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> <li>If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>Results of previous investigations e.g. nerve conduction studies, HbA1c, aetiology of peripheral neuropathy</li> <li>If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>If a medication review or assessment is required</li> <li>If the patient is part of a vulnerable population</li> </ul>

PERSISTENT OR CHRONIC PAIN IN CANCER SURVIVORS	
Inclusion	<p>Persistent or chronic pain following cancer treatment (e.g. chemotherapy-induced peripheral neuropathy, abdominal visceral pain, neural injury) with all of the following:</p> <ul style="list-style-type: none"> <li>3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>ongoing or escalating analgesia needs despite adequate trial of treatment in previous 3 months (exercise and analgesia)</li> </ul>

	<ul style="list-style-type: none"> <li>• adequate trial of treatment (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Patients currently receiving treatment for cancer</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Details of surgery, chemotherapy, or radiotherapy treatment that may have caused the pain</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> </ul>

	<ul style="list-style-type: none"> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
<b>PERSISTENT OR CHRONIC POST-SURGICAL OR POST-TRAUMATIC PAIN</b>	
Inclusion	<p>Persistent or worsening post-surgical or post-traumatic pain (where post-operative complications have been treated or excluded) with all of the following:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• ongoing or escalating analgesia needs despite adequate trial of treatment in previous 3 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Details of surgery or trauma (date and where surgery/treatment was supplied)</li> <li>• Psychological status and cognitive function</li> </ul>

	<ul style="list-style-type: none"> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
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#### PERSISTENT OR CHRONIC PRIMARY PAIN

Inclusion	<p>All of the following:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• multiple presentations for exacerbations of pain despite adequate treatment in previous 12 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable</li> </ul>

	<p>cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain.</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
<b>PERSISTENT OR CHRONIC SECONDARY HEADACHE OR OROFACIAL PAIN</b>	
Inclusion	<p>Persistent or chronic secondary headache or orofacial pain with all of the following:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> </ul>

	<ul style="list-style-type: none"> <li>• multiple presentations for exacerbations of pain despite adequate treatment in previous 12 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Patients with mild or tension headaches or untreated typical migraine</li> <li>• Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Onset, characteristics, and frequency of headache</li> <li>• Details of any previous neurology assessments or opinions</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> </ul>

	<ul style="list-style-type: none"> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations (e.g. neuroimaging results)</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
PERSISTENT OR CHRONIC SECONDARY MUSCULOSKELETAL PAIN	
Inclusion	<p>Pain that has been described as musculoskeletal in nature with all of the following:</p> <ul style="list-style-type: none"> <li>• persistent or chronic pain (&gt; 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• adequate trial of treatment in previous 12 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration, or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> </ul>

	<ul style="list-style-type: none"> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
<b>PERSISTENT OR CHRONIC VISCERAL PAIN</b>	
Inclusion	<p>Persistent or chronic visceral pain with all of the following:</p> <ul style="list-style-type: none"> <li>• 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role</li> <li>• adequate trial of treatment in previous 12 months (exercise and analgesia)</li> <li>• at risk of functional or psychological deterioration or medication dependence</li> <li>• willing to explore living well with pain and is willing to learn to self-manage ongoing pain.</li> </ul>
Exclusion	<p>Standard exclusions:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> </ul>

	<ul style="list-style-type: none"> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Specific exclusions:</p> <ul style="list-style-type: none"> <li>• Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Pain history – onset, location, nature of pain, and duration</li> <li>• Physical examination findings</li> <li>• Psychological status and cognitive function</li> <li>• Details of previous pain management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Comprehensive past medical history</li> <li>• History of alcohol, recreational or injectable drugs, or prescription medicine misuse</li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Details of functional impairment</li> <li>• Psychiatric history</li> <li>• If the patient has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)</li> <li>• Details of any current behaviours that may impact on the patient's ability to participate in a chronic pain management program e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues</li> <li>• If the patient has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</li> <li>• Results of previous investigations</li> <li>• If the patient has previously completed a chronic pain management program and if so the provider of the program</li> <li>• If a medication review or assessment is required</li> <li>• If the patient is part of a vulnerable population</li> </ul>
<b>PERSISTENT PELVIC PAIN</b>	
Inclusion	Persistent pelvic pain that has not responded to adequate medical management.
Exclusion	<p>Standard exclusions if referring to a public hospital HIP service:</p> <ul style="list-style-type: none"> <li>• Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain</li> </ul>

	<ul style="list-style-type: none"> <li>• Patients currently undertaking another chronic pain management program</li> <li>• Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</li> <li>• Patients who only want an intervention such as an injection or dry needling</li> <li>• Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.</li> </ul> <p>Exclusions if referring to a gynaecology service:</p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Required information	<p>Essential:</p> <ul style="list-style-type: none"> <li>• Past medical history including: <ul style="list-style-type: none"> <li>○ obstetric and gynaecological history</li> <li>○ pain severity, duration, any link to menstrual cycle or dysmenorrhoea</li> <li>○ how pain is different to any co-existing gastrointestinal pain</li> <li>○ any previous pelvic inflammatory disease</li> <li>○ any history of sexual abuse</li> <li>○ previous medical and surgical management.</li> </ul> </li> <li>• Current and complete medication history (including non-prescription medicines, herbs, and supplements)</li> <li>• Any medicines previously tried, duration of trial, and effect</li> </ul> <p>If available:</p> <ul style="list-style-type: none"> <li>• Current cervical screening results</li> <li>• Sexually transmitted infections test results</li> </ul>
Additional Information	<p>Specialist multidisciplinary programs for women experiencing complications with transvaginal mesh are available at:</p> <ul style="list-style-type: none"> <li>• Royal Women’s Hospital</li> <li>• Mercy Hospital for Women</li> <li>• Monash Health</li> <li>• Western Health.</li> </ul> <p>Women may also be referred to a chronic pain service. Where appropriate and available the referral may be directed to an alternative specialist clinic or service.</p>

## 2. Prepare the **required referral information**.

- **Standard referral information**

- History and co-morbidities
- BMI – essential if obstetric or surgical referral
- Examination findings
- Investigations carried out and results
- Options already pursued
- Current medications
- Allergies
- Other important information e.g., social factors, other services involved.

- **Reasons for referral**

- Diagnosis
- Second opinion
- Review of treatment or care plan
- Specialist management
- Shared management with general practitioner
- Diagnostic procedure

Plus condition-specific information:

- Description of symptoms, e.g. location, duration, radiation, character, aggravating and relieving factors, paraesthesia, motor loss, functional status
- Duration of referral, e.g. 3 months, 12 months, indefinite
- Past medical history, including psychosocial factors
- Management to date, and response to treatment
- Relevant imaging and pathology reports
- Preferred language, need for interpreter, and possible communication barriers, e.g. impairment of cognition, hearing, reading, writing, or travel difficulties
- See Victoria State Government – [Statewide Referral Criteria for Specialist Clinics](#).

For further detail on required referral information, please see Department of Health – [Specialist Clinics in Victorian Public Hospitals: Access Policy](#).

## 3. Refer to the service.

- Specialist clinics request referral to a named specialist or Head of Unit.
- Consider:

### **General Practice Referral Template**

If a clinic-specific form is not provided, use a [General Practice Referral](#) template via email or fax.

### Hospital GP Liaison

For referral support, contact the [relevant hospital GP Liaison](#).

### Aboriginal Hospital Liaison Officer

If appropriate and with patient consent, contact the [Aboriginal Hospital Liaison Officer](#).

ALFRED HEALTH – CAULFIELD HOSPITAL - PAIN MANAGEMENT CLINIC	
<p><b>REFERRAL OPTIONS</b></p> <p><b>E-referral:</b> Alfred Health uses the BPAC SeNT electronic referral system, compatible with Best Practice and Medical Director practice software.</p> <p>For information about enabling eReferral to Alfred Health, please contact the GP Liaison Service on <a href="mailto:gp.liaison@alfred.org.au">gp.liaison@alfred.org.au</a>.</p> <p><b>Phone</b>      <b>(03) 9076-6834</b></p> <p><b>Fax</b>            <b>(03) 9076-4060</b></p> <p><b>Referral Form</b>    <a href="#">Download referral forms</a></p> <p><b>Website</b>        <a href="#">Pain Management Clinic</a></p>	<p><b>Information for referrer</b></p> <p>The Caulfield Pain Management and Research Centre is an ambulatory service providing specialist assessment and treatment for adults with chronic non-malignant pain and cancer survivors with chronic pain</p> <p><a href="#">Full referral guideline</a></p> <p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>- Patients being treated for the same condition at another Victorian public hospital.</li> <li>- Aged &lt; 18 years</li> </ul>
<p><b>Pain Management Clinic</b> Alfred Health – Caulfield Hospital Ashley Ricketson Centre</p> <p>Building 22 26 Kooyong Rd, Caulfield VIC 3162 (enter through Gate 2)</p>	<p><b>Hospital contact details</b></p> <p><b>Phone</b>            <b>(03) 9076-6734</b> (switchboard)</p> <p><b>Fax</b>                <b>(03) 9076-4060</b></p> <p><b>Email</b>            <a href="mailto:gcpainclinic@alfred.org.au">gcpainclinic@alfred.org.au</a></p> <p><b>Website</b>         <a href="#">Caulfield Hospital</a></p>

**REFERRAL OPTIONS**

**E-referral:** Monash Health uses HealthLink secure messaging for e-referral to Adult and Paediatric medical and surgical specialist clinics. For more information [Click here.](#)

GP practices that are HealthLink enabled can now send Monash Health eReferrals at no cost.

**Email**      [icareaccess@monashhealth.org](mailto:icareaccess@monashhealth.org)

**Referral Form**      [Download referral form](#)

**Website**      [Monash Medical Centre](#)

**Pain Clinic**

Kingston Centre  
Cnr Warrigal Road and Heatherton Rd  
Cheltenham VIC 3192

**INFORMATION FOR REFERRER**

The Pain Service is a multidisciplinary and interdisciplinary outpatient service providing education, comprehensive assessment, intervention and rehabilitation to patients with a diagnosis of persistent (chronic) pain.

**[Full referral guideline](#)**

**Mandatory Referral requirements:**

Address referral to the **Head of Unit: Prof. Barbara Workman** and indicate that it is valid for an indefinite period.

Include:

- Medical (or APS Nurse) referral stating current and previous medical condition(s) and reason for referral OR fully completed MRI01
- Current medication list/GP summary
- Results of recent/relevant investigation(s)

**Exclusion Criteria**

- Pelvic pain (unless referred from Pelvic Pain clinic)
- Patients requiring Ambulance transport

**Hospital contact details**

**Phone**      **(03) 9554-6666**

**Fax**         **(03) 9554-6111**

**Email**      [Outpatient enquiries@monashhealth.org](mailto:Outpatient_enquiries@monashhealth.org)

**Website**    [Monash Medical Centre](#)

**REFERRAL OPTIONS**

**E-referral** Peninsula Health uses Referralnet. FAQ's and Troubleshooting guide [click here](#).

For more information email [PHsecuremessaging@phcn.vic.gov.au](mailto:PHsecuremessaging@phcn.vic.gov.au) or phone **03 9788 4553**.

**Phone** Contact ACCESS **1300 665 781**  
Fax: 9784 2309

**Website** [Outpatient Services](#) (scroll down and click on "Pain Services")

**Persistent Pain Management Service**  
The Mornington Centre  
Corner Tyalla Grove & Separation Street  
Mornington VIC 3931 (03) 5976 9014

**Pain Medicine Clinic**  
Frankston Hospital Outpatients  
Hastings Road  
Frankston VIC 3199

**Information for referrer**

Peninsula Health Integrated Pain Service comprises:

- Persistent Pain Management Service (PPMS) at the Mornington Centre
- Pain Medicine Clinic (PMC) at Frankston Hospital Outpatients.

Clients are referred to the Peninsula Health Integrated Pain Service and will then be triaged to either PPMS or PMC.

[Referral Guidelines](#)

**Referral form**

Referral must be addressed to – **Dr Tony Weaver**

**Eligibility criteria**

- Aged 18 years and over
- Current management plan for underlying conditions related to the chronic pain eg/ Diabetes, Multiple Sclerosis
- GP is prepared to work with the Peninsula Health Integrated Pain Service and provide ongoing community management.

**Exclusions**

Compensable clients will be encouraged to attend elsewhere.

**Hospital contact details**

Phone (03) 9784-7777

Website [Frankston Hospital](#)

MONASH HEALTH - MONASH CHILDREN'S HOSPITAL PAIN MANAGEMENT SERVICE

**REFERRAL OPTIONS**

Advice phone (03) 8572-3004

Fax (03) 8572-3007

Referral form(s) [Outpatient Referral Form](#)

**HOSPITAL DETAILS**

Level 2  
 Monash Health - Monash Medical Centre  
 Clayton  
 246 Clayton Road  
 Clayton, Monash 3168  
 VIC

**Service-specific criteria**

Head of Unit: Dr Simon Cohen

[Pre-referral link](#)

Email: [scmonashchildrens@monashhealth.org](mailto:scmonashchildrens@monashhealth.org)  
 (not secure)

**Admin Contact info:**

**Phone:** (03) 8572-3004

**Fax:** (03) 8572-3007

**Website:** [Click here](#)

MONASH HEALTH PAIN CLINIC PAIN MANAGEMENT, PAIN EDUCATION

**REFERRAL OPTIONS**

**Phone** (03) 9265-1411

**Fax** (03) 9554-9151 (Access & Intake)

Monash Health - Monash Medical Centre  
 Clayton  
 246 Clayton Road  
 Clayton, Monash 3168  
 VIC

**Service-specific criteria**

[Pre-referral link](#)

**Information for referrer**

Referral advice:

**Phone** 1300-342-273 or

**Email** [icareaccess@monashhealth.org](mailto:icareaccess@monashhealth.org)

**Head of Unit:** Prof Barbara Workman.

Please address referral to Head of Unit and indicate that it is valid for an indefinite period.

**Admin contact info**

Phone (03) 9594-6666 (switchboard)

Fax (03) 9594-6111

Website [Click here](#)

THE ROYAL CHILDREN'S HOSPITAL CHILDREN'S PAIN MANAGEMENT CLINIC	
<p><b>Hospital Details</b></p> <p>3rd Floor Clinical Offices The Royal Children's Hospital 50 Flemington Road Parkville 3052 VIC</p>	<p><b>Information for referrer</b></p> <p><b>Referral advice:</b> Phone (03) 9345-5403</p> <p><b>Head of Unit:</b> A/Prof George Chalkiadis</p> <p>External referrals should be directed to the Head of Pain Management, A/Prof George Chalkiadis</p> <p><b>Admin contact info</b></p> <p>Phone (03) 9345-5233 Fax (03) 9345-6003 Website <a href="#">Click here</a></p>

#### 4. Inform the patient:

- Providers may charge fees:
  - Hospitals may set fees for patients who are not covered by Medicare, including overseas patients.
  - For more information, see Department of Health and Human Services – [Fees and Charges for Admitted Patients](#).
- Advise of any clinical change in circumstance, as this may affect the referral.

<b>Alfred Health-Aboriginal Health Liaison Officer(s)</b>
Call <b>0419 592 207</b> to speak to an Aboriginal Liaison Officer (or call Social Work on 9076 3026)
<b>Monash Health-Aboriginal Hospital Liaison Officer(s)</b>
Call: <b>0439 288 372</b> for MMC Clayton and Casey Hospitals or <b>0418 785 350</b> for Dandenong Hospital to speak with one of the Aboriginal Liaison Officers
<b>Peninsula Health-Aboriginal Health Liaison Officer(s)</b>

Call switch on **9784 77 77** and ask for one of the Aboriginal Liaison Officers

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